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CONFIRMATION NO. 3559

SERIAL NUMBER 10/798,233	FILING DATE 03/10/2004  RULE	CLASS 095	GROUP ART UNIT 1724	ATTORNEY DOCKET NO. 96600/18UTL					
<b>APPLICANTS</b>  John S. Crnko, Residence Not Provided;  Scott K. Warren, Houston, TX;									
** CONTINUING DATA ***** <i>RAH none</i>									
** FOREIGN APPLICATIONS ***** <i>RAH none</i>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/26/2004									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">           Foreign Priority claimed  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions met  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after         </td> <td style="width: 10%;">           STATE OR            COUNTRY         </td> <td style="width: 10%;">           SHEETS            DRAWING            37         </td> <td style="width: 10%;">           TOTAL            CLAIMS            17         </td> <td style="width: 10%;">           INDEPENDENT            CLAIMS            5         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY	SHEETS DRAWING 37	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 5
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<b>ADDRESS</b> ROBERT W. STROZIER P.O. BOX 429 BELLAIRE, TX 77402-0429									
<b>TITLE</b> Negative temperature profiling using microwave GC apparatus									
FILING FEE  RECEIVED 1072	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           FEES: Authority has been given in Paper            No. _____ to charge/credit DEPOSIT ACCOUNT            No. _____ for following:         </td> <td style="width: 40%;"> <input type="checkbox"/> All Fees  <input type="checkbox"/> 1.16 Fees ( Filing )  <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )  <input type="checkbox"/> 1.18 Fees ( Issue )  <input type="checkbox"/> Other _____         </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____			
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